

L15000 162337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

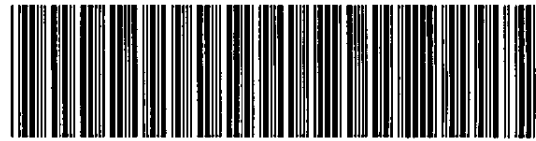
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/21/16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S&A Home Properties LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ashley Cramer
Name of Person

S&A Home Properties
Firm/Company

P.O. Box 515
Address

Dunedin FL. 34697
City/State and Zip Code

sahomeproperties@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashley Cramer at (813) 335 4720
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: S & A Home Properties LLC

SECOND: The Florida Document Number of the limited liability company is: L15000162337

THIRD: The street address of the limited liability company's principal office is:

2612 Bellhurst Dr.
Dunedin FL 34698

The mailing address of the limited liability company's principal office is:

P.O. Box 515
Dunedin FL 34697

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: Ashley Cramer
Soto Passias

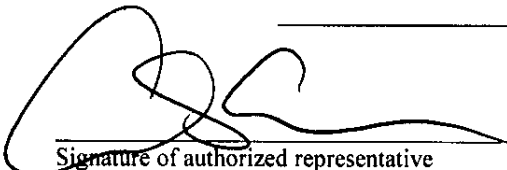
b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company

a. Granted to: Ashley Cramer
Soto Passias

b. No authority granted to: _____

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TALLAHASSEE, FLORIDA


Signature of authorized representative

Ashley Cramer
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)